Testimony on the Governor's Budget Proposal
For the Department of Mental Health and Addiction Services
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Good evening Senator Harp and Rep. Walker and members of the Appropriations Committee. I am Annetta K. Caplinger, Director of Clinical Operations at Hartford Hospital. I am here today to speak to you about the Governor's proposed budget adjustment for Fiscal Year 2013 for the Department of Mental Health and Addiction Services.

First, I want to commend Governor Malloy for his leadership and extraordinary efforts to preserve the safety net for those most in need of mental health services. This is particularly remarkable given the economic realities confronting our state.

My concerns are with the proposed reduction of $2.8 million in grants to hospitals and FQHC's for uncompensated care in Fiscal year 2013. The rationale for this cut was that increases in Medicaid Low Income Adult reimbursement and utilization as a result of Connecticut's initiative to convert SAGA under the provisions of federal health care reform, reduced the need for these grants.

Connecticut implemented this program of Acute Care Hospital grants for the uninsured when it closed Norwich Hospital in 1996. Natchaug Hospital, along with Day Kimball Hospital, Backus Hospital and Lawrence and Memorial Hospital all agreed to enter into contracts with DMHAS to help meet the critical needs for access to inpatient care for those previously served in a state facility.

Over the years this has been expanded to include other hospitals, including Hartford Hospital, Middlesex Hospital, St. Vincent's Hospital and others. The closing of Cedarcrest Hospital in June of 2010 only makes this program more critical to ensure that patients are not stuck in emergency rooms due to lack of access to care as a result of the closure of state facilities. The State saved millions of dollars through the closure of these facilities. The commitment to support care for the uninsured should not be time limited

The Acute Care program starts in the Emergency Department where an individual in need is identified. Admission to an Acute Care bed is approved through a collaborative process with the local Lead Mental Health Authority (LMHA). This initial connection ensures connection to community follow up through the LMHA. Removing the funding for this basic safety net for indigent individuals experiencing mental health disorders may also

result in multiple readmissions to hospitals. It would definitely have a negative financial impact for those hospitals who have agreed to provide this care.

Last year's budget reduced these grants by $724,661 in both fiscal years. The rationale was a gradual reduction as we phase in national health care reform in 2014. In July 2012 there will still be considerable need for these grants for the uninsured that need access to inpatient care.

I would urge the Committee to carefully review this proposal, and not eliminate these grants to ensure that access to care is not impacted and that this element of the safety net for the most seriously mentally ill is not compromised during our transition to improved healthcare coverage in 2014.